

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.

FILING DATE

Applicant(s)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7							57						
8			71				58						
9			72				59						
10			73				60						
11			74				61						
12			75				62						
13			76				63						
14			77				64						
15			78				65						
16			79				66						
17			80				67						
18			81				68						
19			82				69						
20			83				70						
21			84				71						
22			85				72						
23			86				73						
24			87				74						
25			88				75						
26			89				76						
27			90				77						
28			91				78						
29			92				79						
30			93				80						
31			94				81						
32			95				82						
33			96				83						
34			97				84						
35			98				85						
36			99				86						
37			100				TOTAL IND.						
38							TOTAL DEP.						
39							TOTAL CLAMS						
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	/	↓		↓		↓							
TOTAL DEP.	19	←		←		←							
TOTAL CLAIMS	20	[REDACTED]		[REDACTED]		[REDACTED]							

Best Available Copy